27@ IN	ernal transfe	REQUEST FOR S.N.	19/955,857
DATE:	1/20/02	FROM: J-Gle	(print name)
FORWARD A. Art Unit: B. Class: C Subclass	266/ 370	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box) (check box)
		EDED: ned & ASM Jorn	n mlarfærg
DATE:		FROM:	(print name)
FORWARD A. Art Unit: B. Class: C Subclass FURTHER		REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):  EDED:	(check box) (check box)  (check box)
DATE		FROM:	(print name)
	D TO CLASSIFIER	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Clalm(s):	(check box) (check box)
FURTHER	REXPLANATION IF NE	:EDED:	
DISPOS	ITION BY 2700 CL	ASSIFICATION	
DATE:		CLASSIFIER:	
FORWAR A. Art Uni B. Glass:	it:	REASON(S):  A. You had Parent  B. See Title  C. See Abstract	(check box)
		D. Oas Claim(s):	

FURTHER EXPLANATION IF NEEDED: